

**FEC  
FORM 3X****REPORT OF RECEIPTS  
AND DISBURSEMENTS**  
For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines.

12FE4M5

MADISON PROJECT INC.

ADDRESS (number and street) ▼

PO BOX 655

☐ Check if different than previously reported. (ACC)

ALEDO

TX

76008

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C C00298000

3. IS THIS  
REPORT☒NEW  
(N)

OR

☐AMENDED  
(A)

## 4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

- ☐ April 15  
Quarterly Report (Q1)
- ☐ July 15  
Quarterly Report (Q2)
- ☐ October 15  
Quarterly Report (Q3)
- ☐ January 31  
Year-End Report (YE)
- ☐ July 31 Mid-Year  
Report (Non-election  
Year Only) (MY)
- ☐ Termination Report  
(TER)

(b) Monthly  
Report  
Due On:

- ☒ Feb 20 (M2) ☐ May 20 (M5) ☐ Aug 20 (M8) ☐ Nov 20 (M11)  
(Non-Election Year Only)
- ☐ Mar 20 (M3) ☐ Jun 20 (M6) ☐ Sep 20 (M9) ☐ Dec 20 (M12)  
(Non-Election Year Only)
- ☐ Apr 20 (M4) ☐ Jul 20 (M7) ☐ Oct 20 (M10) ☐ Jan 31 (YE)

(c) 12-Day  
PRE-Election  
Report for the:

- ☐ Primary (12P) ☐ General (12G) ☐ Runoff (12R)
- ☐ Convention (12C) ☐ Special (12S)

Election on

M M M / D D D / Y Y Y Y Y Y

in the  
State of(d) 30-Day  
POST-Election  
Report for the:

- ☐ General (30G) ☐ Runoff (30R) ☐ Special (30S)

Election on

M M M / D D D / Y Y Y Y Y Y

in the  
State of

5. Covering Period

M M M / D D D / Y Y Y Y Y Y  
01 01 2016

through

M M M / D D D / Y Y Y Y Y Y  
01 31 2016

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer PAUL A KILGORE

Signature of Treasurer

PAUL A KILGORE

[Electronically Filed]

Date

M M M / D D D / Y Y Y Y Y Y  
02 19 2016

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office  
Use  
Only**FEC FORM 3X**  
Rev. 12/2004

# SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

MADISON PROJECT INC.

Report Covering the Period:

From:

 M M / D D / Y Y Y Y  
 01 / 01 / 2016

To:

 M M / D D / Y Y Y Y  
 01 / 31 / 2016

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, 2016		19305.16
(b) Cash on Hand at Beginning of Reporting Period.....	19305.16	
(c) Total Receipts (from Line 19) .....	142235.34	142235.34
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	161540.50	161540.50
7. Total Disbursements (from Line 31) .....	42780.33	42780.33
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	118760.17	118760.17
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	



This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

## For further information contact:

Federal Election Commission  
999 E Street, NW  
Washington, DC 20463

Toll Free 800-424-9530  
Local 202-694-1100

# **DETAILED SUMMARY PAGE** of Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

**MADISON PROJECT INC.**

Report Covering the Period:

From:

M M	/	D D	/	Y Y Y Y Y Y
01	/	01	/	2016

To:

M M	/	D D	/	Y Y Y Y Y Y
01	/	31	/	2016

**I. Receipts**
**COLUMN A**  
Total This Period

**COLUMN B**  
Calendar Year-to-Date

## 11. Contributions (other than loans) From:

## (a) Individuals/Persons Other

Than Political Committees

(i) Itemized (use Schedule A).....

1030.00

1030.00

(ii) Unitemized .....

11077.05

11077.05

(iii) TOTAL (add

Lines 11(a)(i) and (ii)..... ▶

12107.05

12107.05

(b) Political Party Committees .....

0.00

0.00

(c) Other Political Committees

(such as PACs).....

0.00

0.00

(d) Total Contributions (add Lines

11(a)(iii), (b), and (c)) (Carry

Totals to Line 33, page 5) ..... ▶

12107.05

12107.05

## 12. Transfers From Affiliated/Other

Party Committees.....

0.00

0.00

## 13. All Loans Received .....

0.00

0.00

## 14. Loan Repayments Received.....

0.00

0.00

## 15. Offsets To Operating Expenditures

(Refunds, Rebates, etc.)

(Carry Totals to Line 37, page 5).....

128.29

128.29

## 16. Refunds of Contributions Made

to Federal Candidates and Other

Political Committees.....

0.00

0.00

## 17. Other Federal Receipts

(Dividends, Interest, etc.).....

130000.00

130000.00

## 18. Transfers from Non-Federal and Levin Funds

(a) Non-Federal Account

(from Schedule H3).....

0.00

0.00

(b) Levin Funds (from Schedule H5) .....

0.00

0.00

(c) Total Transfers (add 18(a) and 18(b))..

0.00

0.00

19. Total Receipts (add Lines 11(d),  
12, 13, 14, 15, 16, 17, and 18(c))..... ▶

142235.34

142235.34

## 20. Total Federal Receipts

(subtract Line 18(c) from Line 19)..... ▶

142235.34

142235.34

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share .....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures .....	21755.33	21755.33
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	21755.33	21755.33
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	80.00	80.00
24. Independent Expenditures (use Schedule E) .....	17504.00	17504.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	0.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements .....	3441.00	3441.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	42780.33	42780.33
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	42780.33	42780.33

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	12107.05	12107.05
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	12107.05	12107.05
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ..... ►	21755.33	21755.33
37. Offsets to Operating Expenditures (from Line 15, page 3).....	128.29	128.29
38. Net Operating Expenditures (subtract Line 37 from Line 36) ..... ►	21627.04	21627.04

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 6 OF 17

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

MADISON PROJECT INC.

Full Name (Last, First, Middle Initial)

A. ANDREW DEL GIUDICE

Mailing Address

City State Zip Code

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

INFORMATION REQUESTED

INFORMATION REQUESTED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
01 / 27 / 2016

Transaction ID : SA11AI.379918

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. LINDA GRANT

Mailing Address 63 W BIRCHVIEW DR

City State Zip Code

SANFORD

MI 48657

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

INFORMATION REQUESTED

INFORMATION REQUESTED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
01 / 27 / 2016

Transaction ID : SA11AI.379906

Amount of Each Receipt this Period

200.00

Full Name (Last, First, Middle Initial)

C. MR GEORGE H GRELLE

Mailing Address 2918 TRAPPER TRL

City State Zip Code

WENTZVILLE

MO 63385

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

INFORMATION REQUESTED

INFORMATION REQUESTED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
01 / 27 / 2016

Transaction ID : SA11AI.379922

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

700.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 7 OF 17  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**MADISON PROJECT INC.**

Full Name (Last, First, Middle Initial)

**A. KENNETH JOHNSON**

Mailing Address 2165 STOPPER DR

City State Zip Code  
MONTOURSVILLE PA 17754

FEC ID number of contributing  
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

01 / 11 / 2016

Transaction ID : SA11AI.379615

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**B. RUTH STEYN**

Mailing Address 3356 WHIPPOORWILL LN

City State Zip Code  
OXFORD MS 38655

FEC ID number of contributing  
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

25.00

Date of Receipt

01 / 22 / 2016

Transaction ID : SA11AI.379837

Amount of Each Receipt this Period

25.00

EM-GERSON-TRANS20160127

Full Name (Last, First, Middle Initial)

**C. RUTH STEYN**

Mailing Address 3356 WHIPPOORWILL LN

City State Zip Code  
OXFORD MS 38655

FEC ID number of contributing  
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

65.00

Date of Receipt

01 / 22 / 2016

Transaction ID : SA11AI.379839

Amount of Each Receipt this Period

40.00

EM-GERRITSON-TRANS20160127

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

315.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 8 OF 17

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

**MADISON PROJECT INC.**

Full Name (Last, First, Middle Initial)

**A. JOHN SULLIVAN**

Mailing Address 1721-D FOUNTAIN ROCK WAY

City	State	Zip Code
EDGEWOOD	MD	21040

FEC ID number of contributing  
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

15.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1		2	2		2	0	1	6

Transaction ID : SA11AI.379838

Amount of Each Receipt this Period

15.00

EM-STUTZMAN-TRANS20160127

Full Name (Last, First, Middle Initial)

**B.**

Mailing Address

City	State	Zip Code

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y

Amount of Each Receipt this Period

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City	State	Zip Code

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y

Amount of Each Receipt this Period

**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

15.00

1030.00



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 9 OF 17

☐ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☒ 17

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NAME OF COMMITTEE (In Full)

**MADISON PROJECT INC.**

Full Name (Last, First, Middle Initial)

**A. RICHARD UIHLEIN**

Mailing Address 1396 N WAUKEGAN RD

City

LAKE FOREST

State

IL

Zip Code

60045

FEC ID number of contributing  
federal political committee.

C

Name of Employer

ULINE

Occupation

CEO/OWNER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

130000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
01 / 19 / 2016

Transaction ID : SA17.379650

Amount of Each Receipt this Period

130000.00

NON-CONTRIBUTION ACCOUNT

Full Name (Last, First, Middle Initial)

**B.**

Mailing Address

City

State

Zip Code

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City

State

Zip Code

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

130000.00

130000.00

<input checked="" type="checkbox"/>	21b	<input type="checkbox"/>	22	<input type="checkbox"/>	23	<input type="checkbox"/>	24	<input type="checkbox"/>	25	<input type="checkbox"/>	26
<input type="checkbox"/>	27	<input type="checkbox"/>	28a	<input type="checkbox"/>	28b	<input type="checkbox"/>	28c	<input type="checkbox"/>	29	<input type="checkbox"/>	30b

NAME OF COMMITTEE (In Full)  
MADISON PROJECT INC.

### A. BIGEYE DIRECT

Mailing Address 13864 REDSKIN DR

City	State	Zip Code
HERNDON	VA	20171

Purpose of Disbursement
PAC POSTAGE

Candidate Name

Office Sought:	<input type="checkbox"/>	House
	<input type="checkbox"/>	Senate
	<input type="checkbox"/>	President
State:	District:	

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

Date of Disbursement

Transaction ID : SB21B.379847

Amount of Each Disbursement this Period

10000.00

Full Name (Last, First, Middle Initial)

**B. ELECTEK**

Mailing Address PO BOX 23715

City	State	Zip Code
CHAGRIN FALLS	OH	44023

### Purpose of Disbursement PAC SOFTWARE

Candidate Name

Office Sought:	<input type="checkbox"/>	House
	<input type="checkbox"/>	Senate
	<input type="checkbox"/>	President
State:	District:	

Disbursement For:

☐ Primary ☐ General

☐ Other (specify) ▼

Date of Disbursement

Transaction ID : SB21B.379979

Amount of Each Disbursement this Period

300.00

Full Name (Last, First, Middle Initial)  
C. CAROL MCCLENDON

Mailing Address PO BOX 433

City	State	Zip Code
ALEDO	TX	76008

Purpose of Disbursement	PAC FIELD CONSULTING
-------------------------	----------------------

Candidate Name

Office Sought:	<input type="checkbox"/>	House
	<input type="checkbox"/>	Senate
	<input type="checkbox"/>	President
State:	District:	

Disbursement For:

☐ Primary ☐ General

☐ Other (specify) ▼

Date of Disbursement



Transaction ID : SB21B.379652

Amount of Each Disbursement this Period

255.00

**SUBTOTAL** of Disbursements This Page (optional).....

**TOTAL** This Period (last page this line number only).....

10555.00

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 11 OF 17

☒ 21b    ☐ 22    ☐ 23    ☐ 24    ☐ 25    ☐ 26  
☐ 27    ☐ 28a    ☐ 28b    ☐ 28c    ☐ 29    ☐ 30b

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NAME OF COMMITTEE (In Full)

**MADISON PROJECT INC.**

Full Name (Last, First, Middle Initial)

**A. ABBY MCCLENDON**

Mailing Address PO BOX 433

City

ALED0

State

TX

Zip Code

76008

Purpose of Disbursement

PAC FIELD CONSULTING

001

Candidate Name

Category/  
Type

Office Sought:

☐

House

☐

Senate

☐

President

Disbursement For:

☐

Primary

☐

General

☐

Other (specify) ▼

State:

District:

Date of Disbursement

M M M /  
01D D D /  
14Y Y Y Y Y Y  
2016**Transaction ID : SB21B.379651**

Amount of Each Disbursement this Period

390.00

Full Name (Last, First, Middle Initial)

**B. MEDIA TEMPLE**

Mailing Address 8520 NATIONAL BLVD BLDG A

City

CULVER CITY

State

CA

Zip Code

90232

Purpose of Disbursement

PAC WEB HOSTING

001

Candidate Name

Category/  
Type

Office Sought:

☐

House

☐

Senate

☐

President

Disbursement For:

☐

Primary

☐

General

☐

Other (specify) ▼

State:

District:

Date of Disbursement

M M M /  
01D D D /  
26Y Y Y Y Y Y  
2016**Transaction ID : SB21B.379984**

Amount of Each Disbursement this Period

260.00

Full Name (Last, First, Middle Initial)

**C. ANDREW RYUN**

Mailing Address 155 DUDDINGTON PL SE

City

WASHINGTON

State

DC

Zip Code

20003

Purpose of Disbursement

SEE MEMO

001

Candidate Name

Category/  
Type

Office Sought:

☐

House

☐

Senate

☐

President

Disbursement For:

☐

Primary

☐

General

☐

Other (specify) ▼

State:

District:

Date of Disbursement

M M M /  
01D D D /  
22Y Y Y Y Y Y  
2016**Transaction ID : SB21B.379841**

Amount of Each Disbursement this Period

585.10

**SUBTOTAL** of Disbursements This Page (optional)..... ►

1235.10

**TOTAL** This Period (last page this line number only)..... ►



<input checked="" type="checkbox"/>	21b	<input type="checkbox"/>	22	<input type="checkbox"/>	23	<input type="checkbox"/>	24	<input type="checkbox"/>	25	<input type="checkbox"/>	26
<input type="checkbox"/>	27	<input type="checkbox"/>	28a	<input type="checkbox"/>	28b	<input type="checkbox"/>	28c	<input type="checkbox"/>	29	<input type="checkbox"/>	30b

NAME OF COMMITTEE (In Full)  
MADISON PROJECT INC.

### A. VENDYNAMICS

Mailing Address PO BOX 1295

City	State	Zip Code
HOLLISTER	CA	95024

Purpose of Disbursement
PAC PRINTING

Candidate Name

Office Sought:	<input type="checkbox"/>	House
	<input type="checkbox"/>	Senate
	<input type="checkbox"/>	President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Date of Disbursement

Transaction ID : SB21B.379653

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

Mailing Address

City	State	Zip Code
------	-------	----------

### Purpose of Disbursement

Candidate Name

Office Sought:	<input type="checkbox"/>	House
	<input type="checkbox"/>	Senate
	<input type="checkbox"/>	President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Date of Disbursement

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

Mailing Address

City	State	Zip Code
------	-------	----------

### Purpose of Disbursement

Candidate Name

Office Sought:	<input type="checkbox"/>	House
	<input type="checkbox"/>	Senate
	<input type="checkbox"/>	President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Date of Disbursement

Amount of Each Disbursement this Period

**SUBTOTAL** of Disbursements This Page (optional).....

1000.00

**TOTAL** This Period (last page this line number only).....

21317.95

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 14 OF 17

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**MADISON PROJECT INC.**

Full Name (Last, First, Middle Initial)

**A. FRIENDS OF BECKY GERRITSON**

Mailing Address PO BOX 633

City  
WETUMPKAState  
ALZip Code  
36092Purpose of Disbursement  
TRANSMITTAL OF EARMARKS

001

Candidate Name

**REBECCA MARIE GERRITSON**Category/  
TypeOffice Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: AL District: 02

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
01		27		2016

**Transaction ID : SB23.379858**

Amount of Each Disbursement this Period

40.00
-------

Full Name (Last, First, Middle Initial)

**B. FRIENDS OF BECKY GERRITSON**

Mailing Address PO BOX 633

City  
WETUMPKAState  
ALZip Code  
36092Purpose of Disbursement  
EARMARKED BY RUTH STEYN ID# 20201

001

Candidate Name

**REBECCA MARIE GERRITSON**Category/  
TypeOffice Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: AL District: 02

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
01		22		2016

**Transaction ID : SB23.379859**

Amount of Each Disbursement this Period

40.00
-------

**[MEMO ITEM]**

Full Name (Last, First, Middle Initial)

**C. GERSON FOR CONGRESS**

Mailing Address PO BOX 1465

City  
BURNSVILLEState  
MNZip Code  
55337Purpose of Disbursement  
TRANSMITTAL OF EARMARKS

001

Candidate Name

**DAVID ADAM GERSON**Category/  
TypeOffice Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: MN District: 02

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
01		27		2016

**Transaction ID : SB23.379860**

Amount of Each Disbursement this Period

25.00
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**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

65.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 16 OF 17

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**MADISON PROJECT INC.**

Full Name (Last, First, Middle Initial)

**A. ELECTEK**

Mailing Address PO BOX 23715

City	State	Zip Code
CHAGRIN FALLS	OH	44023

Purpose of Disbursement  
PAC SOFTWARE (NON-CONTRIBUTION ACCOUNT)

Candidate Name

Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
State:	District:

Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
01		31		2016

**Transaction ID : SB29.379978**

Amount of Each Disbursement this Period

300.00
--------

Full Name (Last, First, Middle Initial)

**B. GRAVIS MARKETING**Mailing Address 910 BELLE AVE.  
SUITE 1180

City	State	Zip Code
WINTER SPRINGS	FL	32708

Purpose of Disbursement  
PAC POLLING (NON-CONTRIBUTION ACCOUNT)

Candidate Name

Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
State:	District:

Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
01		22		2016

**Transaction ID : SB29.379851**

Amount of Each Disbursement this Period

3000.00
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Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City	State	Zip Code
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Purpose of Disbursement

Candidate Name

Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
State:	District:

Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
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Amount of Each Disbursement this Period

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**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

3300.00
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3300.00
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**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**PAGE 17 OF 17  
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>MADISON PROJECT INC.</b>		<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px; display: inline-block;"><b>C</b> C00298000</div>	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 80px;"></div>			
Full Name of Payee <b>CAMPAIGN SIDEKICK LLC</b>		Date of Public Distribution/Dissemination <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 80px;"></div> <b>02 / 15 / 2016</b>	
Mailing Address <b>1550 OLD ANNETTA</b>		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;">17500.00</div>	
City <b>ALEDO</b>	State <b>TX</b>	Zip Code <b>76008</b>	<b>Transaction ID : SE.379853</b> Date of Disbursement or Obligation <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 80px;"></div> <b>01 / 22 / 2016</b>
Purpose of Expenditure <b>GRASSROOTS CONSULTING (NON-CONTRIBUTION ACCOUNT)</b>		Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 40px;">001</div>	
Name of Federal Candidate <b>RUSSELL JAMES RAMSLAND</b>		Office Sought: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose <div style="display: inline-block; width: 40px;"></div> <input type="checkbox"/> President <input type="checkbox"/> Senate    District: <b>32</b> State: <b>TX</b>	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;">17500.00</div>		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	
Full Name of Payee		Date of Public Distribution/Dissemination <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 80px;"></div>	
Mailing Address		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;"></div>	
City	State	Zip Code	
Purpose of Expenditure		Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 40px;"></div>	
Name of Federal Candidate		Office Sought: <input type="checkbox"/> Support <input type="checkbox"/> Oppose <div style="display: inline-block; width: 40px;"></div> <input type="checkbox"/> President <input type="checkbox"/> Senate    District: _____ State: _____	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;"></div>		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____	
(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶		<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;">17500.00</div>	
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶		<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;"></div>	
(c) <b>TOTAL</b> Independent Expenditures..... ▶		<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;">17500.00</div>	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Signature  <b>MR. PAULA KILGORE</b>		Date <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 80px;"></div> <b>02 / 19 / 2016</b>	
[Electronically Filed]			